

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90137 021 \*\*\*\*61.25

**DOCUMENT # N95000003380**

1. Entity Name  
**HOUSE OF GOD MIRACLE TEMPLE OF CAROL CITY, INC.**



Principal Place of Business  
**16012 NW 27TH AVE  
MIAMI FL 33054**

Mailing Address  
**16012 NW 27TH AVE  
MIAMI FL 33054**

**55005898**



2. Principal Place of Business  
**Same as above**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same as above**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0723538**

Applied For  
Not Applicable

Zip **Dade** Country

Zip **Dade** Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWAIN, MAMIE L  
16030 N.W. 27TH PLACE  
OPA LOCKA FL 33054**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **SWAIN, MAMIE L**  
STREET ADDRESS **16012 NW 27TH PL**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **President-Director** ☒ Change ☐ Addition  
NAME **Swain, Mamie**  
STREET ADDRESS **16012 NW 27 PL**  
CITY-ST-ZIP **Miami FL 33054**

TITLE **TAS** ☐ Delete  
NAME **ALLEN-JOHNSON, LENORA**  
STREET ADDRESS **1146 JANN AVENUE**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **Secretary-Trustee** ☒ Change ☐ Addition  
NAME **Allen-Johnson, Lenora**  
STREET ADDRESS **7351 Coral Blvd.**  
CITY-ST-ZIP **Miramar, FL 33023**

TITLE **T** ☐ Delete  
NAME **WALTON, ANNETTE**  
STREET ADDRESS **3521 N.W. 176TH STREET**  
CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **Treasury-Trustee** ☒ Change ☐ Addition  
NAME **Walton, Annette**  
STREET ADDRESS **3521 N.W. 176th St.**  
CITY-ST-ZIP **Coral City, FL 33055**

TITLE **ST** ☒ Delete  
NAME **BYNUM, LACRETIA S**  
STREET ADDRESS **1544 NW 55 TERR**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **Swain, John-Trustee** ☐ Change ☒ Addition  
NAME **Swain, John-Trustee**  
STREET ADDRESS **16012 NW 27 PL**  
CITY-ST-ZIP **Miami, FL 33054**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MAMIE A. SWAIN** **01-10-03 305-6282070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (10/02)